

Psychiatric Phenomenology and the Perception of Time

An Honors Thesis (HONR 499)

by

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Muncie, Indiana

May 2017

Expected Date of Graduation

May 2017

Abstract

Psychiatric phenomenology is the study of the assessment of an individual's experience in the world as it relates mainly to the perception of time and also to the perception of spatiality, causality, and materiality. The perception of time plays a key role in how an individual perceives the world and whether or not he or she is experiencing a mental disorder. This is investigated by Henri Ellenberger in his chapter titled, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis" and expanded upon by several other phenomenologists, philosophers, and psychologists. The most relevant development of psychiatric phenomenology is categorical analysis, a therapeutic technique of assessing the four coordinates of experience: temporality, spatiality, causality, and materiality. The modern therapeutic implication of the ideas of psychiatric phenomenology, especially its emphasis on the technique of categorical analysis, is practice and research of existential psychology and humanistic therapy techniques. Much can be learned from assessing an individual's mental disorder through his or her experience with temporality and other elements of the world. Specifically, a more developed clinical picture of what the experience with a mental disorder feels like for the individual can be gained through this form of analysis.

Acknowledgements

I would like to thank Dr. Jason Powell for his wisdom and guidance that helped me through the development of this thesis. My interest in existential psychology and phenomenology can be traced back to the inspiration I received during my sophomore year at Ball State in my first class taught by Dr. Powell. I am forever grateful for all I have learned from him and his guidance that has influenced my academic path.

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Process Analysis Statement

I developed an interest in the importance of time perception and its relation to mental health during my humanities sequence of classes in the Ball State University Honors College. My class read several books and watched a few films about the effects of despair on mental health and finding meaning in life; two of the most memorable stories of influence in this area were Viktor Frankl's *Man's Search For Meaning* and the 2007 film, *The Counterfeiters*. These stories both took place in Nazi concentration camps and explained the psychological techniques needed to survive in these despair-inspiring places. I was fascinated by the idea that people's mental health is so negatively affected by feeling that they cannot see a future for themselves in the same way as the prisoners in these camps who believed they would die there. The ability to "project" into the future and to plan for one's goals is so important to one's ability to overcome daily struggles and feel mentally stable. While reading and watching these stories, I was overcome with amazement at how important finding meaning in one's life actually is, and I realized how severely crippling it would be to not feel that life has any meaning, as these prisoners felt.

When considering a topic to research for my Honors College Senior Thesis, I knew I had to combine my love of these notions of time with my passion for my major in psychology. My thesis advisor pointed me in the direction of a book, co-authored by Rollo May, Ernest Angel, and Henri Ellenberger in 1958, titled *Existence: A New Dimension in Psychiatry and Psychology*. I became very interested in Ellenberger's chapter in this book and decided to start my research into the realm of psychiatric phenomenology that he describes. The aspect of the chapter that was most intriguing to me was the idea of time perception and how time feels different to every person, especially those affected by mental disorders. As a student who wishes

to one day become a licensed clinical psychologist, and conduct both research and practice in the field of psychology, the idea of analyzing a patient's view of his or her own existence in the world and relating it to mental health is fascinating to me. This topic of research allowed me to combine psychology and phenomenology into one research endeavor, through which I was able to gain a vast amount of knowledge and perspective about existence and mental health, and their relation to each other.

I began my research by breaking down Ellenberger's arguments and finding other sources of information in relation to them. I delved back into Frankl's *Man's Search For Meaning* and also read another work of Rollo May, *The Discovery of Being: Writings in Existential Psychology*. By using these sources I was able to create a clear picture of the development of psychiatric phenomenology with its emphasis on categorical analysis. I spent the majority of my time in research finding out more about time and the different ways it is experienced. I found that this is the most relevant aspect of a patient's experience with existence as it is assessed in psychiatric phenomenology. I continued my research in the study of existential psychology and found more modern applications and developments of Ellenberger's psychiatric phenomenology that is practiced today in humanistic therapies. I will study and use these modern therapy techniques in my future career in clinical psychology; this is just one example of why doing this research has provided me with relevant information and experience that will be applicable to my desired future career.

I believe my research could be expanded upon in future endeavors in a variety of ways. For example, more research might be done into the modern use of existential psychology and humanistic therapy in practice. Gaining more information about the modern uses of the original theories presented in Ellenberger's chapter would provide more links between modern

psychology and my research in the realm of psychiatric phenomenology. Additionally, my research could be expanded by experimenting with these ideas using human participants or by performing a case study on patients being exposed to these therapy techniques. Using human participants would add to the research by providing data that could be observed and analyzed as to whether or not the research is supported in practical use. This data could put the concepts of temporal experience and its effects on a person's mental health into practical use, which would provide researchers with support for the ideas first presented in psychiatric phenomenology.

My research is relevant to the world because time perception is a basic element of human existence that every person can identify with. It is also very important in the practice of therapy, and it can add to modern psychotherapy techniques used to assess a patient's mental health and diagnose disorders in this realm. This research emphasizes the importance of stepping outside the borders of using a checklist of symptoms to decide what a patient is going through, and instead, gaining a holistic view of the way the world occurs to the patient on a daily basis. I hope to one day be the kind of psychologist that integrates techniques like this into my therapy, and I share the beliefs I have discovered in my research that emphasize one's view of his or her own existence and its effect on mental health.

Finally, conducting this research provided me with more insight into mental health and allowed me to see mental disorders from a new perspective. Sometimes, in psychological research, mental health is very systematic and does not allow for much personalization when assessing someone's problems. It can be easy to look at patients as problems to solve by following a pre-determined set of steps to diagnose them. Psychiatric phenomenology, however, reminds us that every person experiences the world in a way that is unique to him or her, and this experience can lead to mental disorders in different ways for every person. This is an important

reminder for everyone hoping to practice or research in the field of psychology, and I am glad that I have been able to gain this perspective. In this way, my research in this thesis combines my love of psychology and phenomenology, but it also emphasizes my basic love of studying people by reminding me to treat every person I study or work with as a person with his or her own subjective existence. This subjective experience, my research indicates, is the most important aspect that needs to be studied when diagnosing a patient's mental health problems.

Psychiatric Phenomenology and the Perception of Time

Time is an ever-present element of human life. It is a construct that is not always considered or thought about on a daily basis but, nevertheless, it guides every person's experiences on earth. In a chapter titled, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," Henri Ellenberger presents the idea that the perception of time is a key aspect of the clinical picture of someone's mental health and state of mind. He discusses a frame of thought known as "psychiatric phenomenology," a psychological method of existential analysis that can be used in clinical practice when working with patients with mental health disorders. Getting to know the details of a patient's disorder, according to this method, starts with the knowledge of his or her experience with consciousness in its purest forms – time, space, causality, and materiality (Ellenberger, 1958). These elements provide theoretical coordinates that pinpoint the exact state of mind the patient is in, and they allow a more authentic understanding of the mental disorder he or she is suffering from. Understanding a patient's experiences with consciousness in this way allows a clinician to be unbiased in their approach to mental health, unlike other methods of psychoanalysis that require a quick diagnoses based on general symptoms that fit the pre-determined construct for specific disorders. Psychiatric phenomenology, instead, allows for the observation of mental health as experiences that manifest themselves in whatever form the patient experiences them, primarily by analyzing the perception of temporality within the experiences. Psychiatric phenomenology is developed most fully through categorical analysis, a technique which uses the perception of time as its most important factor in determining one's experience of mental health; this area of thought is translated into clinical practice today by use of existential psychology and humanistic therapies.

Psychiatric Phenomenology

Ellenberger explains that psychiatric phenomenological analysis of mental health is separated into three main historical developments: descriptive phenomenology, genetic-structural method, and categorical analysis (Ellenberger, 1958). These developments stem mostly from Edmund Husserl's phenomenology, which involved unbiased observation of "phenomena as they manifest themselves" and "thorough descriptions of states of consciousness in their purest forms" (Ellenberger, 1958, p. 96-97). Each of these steps in the path toward our modern use of clinical analysis in this realm of thought has its own distinct characteristics for how mental health is assessed. The initial development, descriptive phenomenology, was the first specialization of phenomenological thought translated into a psychiatric application. This method, created by Karl Jaspers and heavily inspired by Husserl, relies on empathizing with the patient by means of collecting an exact description of the subjective experiences he or she is going through (Ellenberger, 1958). For example, a patient with schizophrenia might describe his or her experiences in a certain episode by articulating how his or her mind and body felt, the surroundings he or she remembers observing, and the way he or she felt while the episode was taking place. Although this method of psychiatry comes closer to the ultimate goal of psychiatric phenomenology, there are several limitations – mainly, not all patients can accurately remember or describe all of their subjective experiences. Jasper's efforts in this discipline became a starting point that developed in further years toward a more established theory and practice.

The next development in psychiatric phenomenology is genetic-structural phenomenology, a combination of Eugene Minkowski's "structural analysis" and Victor Emil Von Gebsattel's "constructive-genetic consideration." Structural analysis, specifically, is a way of assessing patients with mental disorders by "defining the basic disturbance from which one

could deduce the whole content of consciousness and the symptoms of the patients” (Ellenberger, 1958, p. 100). Constructive-genetic consideration is the idea that the process of defining the basic disturbance at the source of a mental disorder can reveal links to biological and physiological issues in the patient as well. Combined, this synthesis of ideas has produced a variety of developments in psychiatric phenomenology. Research in this area investigates several different mental disorders to find the underlying problems that are characteristic of these disorders. Melancholic-depressive patients, for example, have been revealed to have the same basic underlying symptom: a disturbance in the perception of time. For these patients, “time is no more experienced as a propulsive energy; the consequence is a flowing back of the stream of time, comparable to what happens to a river when a barrier is constructed” (Ellenberger, 1958, p. 100). Because of this disturbance in time perception, people experiencing melancholic depression are unable to imagine or project into the future. This influences their thoughts to focus on the past and creates a sense of sluggishness in the present, therefore inspiring a constant experience of negative thoughts about past life events. Genetic-structural analysis presumes that this alteration of thought is the main underlying problem of all symptoms related to melancholic depression. Another disorder assessed by this method of analysis is schizophrenia. The basic disturbance that creates this disorder is a complete and total loss of contact with reality (Ellenberger, 1958). Therefore, the perception of time can again be analyzed in order to diagnose a patient’s specific mental disorder, because a patient with this disorder is unable to process time in the same way that a person with normal brain functioning is. The developments made by the theory of genetic-structural analysis furthered the progress of the study of psychiatric phenomenology and time perception’s relation to mental health.

Categorical Phenomenology

After genetic-structural phenomenology, the next step in the development of psychiatric phenomenology is categorical phenomenology. This division of thought involves forming a “categorical” frame of reference that attempts to “reconstruct the inner world of... patients through an analysis of their manner of experiencing time, space, causality, materiality, and other ‘categories’” (Ellenberger, 1958, p. 101). The primary aspect of forming a categorical frame of reference in psychiatric phenomenology is the analysis of time perception, or temporality. Along with temporality, analysis of space or spatiality is another key aspect of categorical analysis. After assessing these two basic constructs of experience, causality and materiality are also analyzed, and a diagnostic “reconstruction” of a patient’s inner world can be assessed and clinically applied (Ellenberger, 1958). This realm of thought combines the work of several philosophers, psychiatrists, and phenomenologists striving to master the analysis of thought and experience in relation to psychopathology and clinical diagnosis of mental disorders.

The Perception of Time in Categorical Analysis

Time perception lies at the heart of categorical phenomenology and is the first element of analysis in practice of phenomenological investigation. Consequently, it is necessary to examine the definition of time and what it actually is. Time maintains different levels of importance and variable definitions among disciplines. A physicist, for example, would define time as “an abstract, measurable continuum that is homogenous, continuous, and infinitely divisible into identical and mutually exclusive units” (Ellenberger, 1958, p. 101). Physics analyzes time as an axis with one irreversible direction upon which all events occur. Philosophy’s description of time varies by philosopher in terms of whether or not time is separate from events or a part of all events, but the discipline in general seems to recognize time as a reflection of all reality

(Markosian, Sullivan, & Emery, 2016). Psychology generally tends toward a view of time that is unrelated to physical time but more related to the mental experience of the duration of events. The definition of time most relevant to categorical analysis arises in phenomenology. Because time is perceived and dealt with so differently for every individual, phenomenologists such as Husserl, Martin Heidegger, and Minkowski see time as “the flowing of life, experienced as spontaneous, living energy” (Ellenberger, 1958, p. 103). William James, a psychologist who has been known to have held to some phenomenological ideas, describes time as a “stream of consciousness,” a construct that puts time into a more subjective and continuous flow of events that is felt differently for every individual (Ellenberger, 1958, p. 103). No matter the definition or discipline with which time is defined, it is certainly a multi-dimensional and heavily analyzed aspect of life that plays a large role in assessing an individual’s perception of the world.

A major aspect of the phenomenological analysis of time lies in the perception of one’s speed of time. Time’s rate of passing varies considerably by mood or setting for most people; however, those affected by severe mental disorders experience specific distortions in subjective structuring of time on a regular basis. For example, a person with a normal experience of time feels the flow of time passing more slowly during experiences of being bored or unhappy and much faster when in an experience or mood he or she enjoys. A person with depression, however, according to categorical phenomenology, experiences time at a significantly slower rate or even feels that time is at a standstill (Ellenberger, 1958). Phenomenologists also find that people suffering from schizophrenia tend to experience time as being stopped at one moment; this standstill of the flow of time creates a feeling of immortality and helps create the illusions experienced in this disorder. Additionally, those suffering from a manic episode, the indicator of bipolar disorder, experience time at an increased rate from those with normal time perception.

This leaves those with bipolar disorder experiencing time at both ends of the spectrum of speed – significantly increased during depressive episodes and remarkably decreased during manic episodes (Ellenberger, 1958). This dialectical experience of time can create a variety of disturbances in one's mental health.

Ernst Pöppel suggested five categories of the basic experience of time: duration, non-simultaneity, order, past and present, and change, including the passage of time (Markosian, Sullivan, & Emery, 2016). Duration, he says, is measured by memory, and implies that the concepts of past and future exist only in the mind. This is a very subjective view of time and therefore fits in well with psychiatric phenomenology's aim of realizing one's subjective experience with the world. Aristotle also suggested that time does not occur separately from the events that occur in time and is not a construct on its own. This would suggest again that time is largely how one perceives the passing events in his or her life, rather than something they perceive as it exists in the world. This view has been discussed as "Reductionism with Respect to Time" (Markosian, Sullivan, & Emery, 2016). Alternatively, the view known as "Platonism with Respect to Time," supported by Plato and Newton, suggests that time is an independent construct that other events occur within (Markosian, Sullivan, & Emery, 2016). Regardless of how time exists in relation to human consciousness, it is generally agreed that humans perceive the events that happen in their lives in succession, based on the measurement of time, and are able to recall these experiences and their duration after they occur.

When analyzing the perception of time in relation to mental health, it is important to consider the "automatic structure" of time that includes a set order of past, present, and future (Ellenberger, 1958, p. 104). The distortion in mental health, according to psychiatric phenomenology's categorical analysis, comes from a disruption of this structure of time. The

past is experienced subjectively, but, for most people, it is perceived as the events that have already occurred. Although still accessible through memory, these events are not a constant part of their thoughts. The present, alternatively, is what is constantly being considered. Although the exact physical time of the present is an infinitely small amount of time, most people perceive the present as the feeling of being aware of their own current activities and thoughts, and sensing the events occurring immediately around oneself (Ellenberger, 1958). Finally, the future, for most individuals, is perceived as an open uncertainty of events that one can plan for or “project” into. The future’s only certainty for the normal individual is death at some unknown point; all other events in most people’s perceived future can be thought about, worked toward, and hoped for. While living in the present, most individuals can plan for the future while also accessing memories from their past and considering them while living presently.

One’s ability to project into his or her future and the concept of time perception in relation to mental health is discussed by Viktor Frankl in his book titled *Man’s Search for Meaning* (1959). In this book, Frankl discusses his experiences in the Nazi concentration camp, Auschwitz, and the psychological methods he found most crucial to survival. His ideology centers on the theory that a human being cannot survive without hope for the future or a sense of meaning in his or her life. This meaning is completely subjective to each individual, but the need for it holds true, and was displayed in the tragic events that Frankl witnessed and experienced at Auschwitz. His concept of the “provisional existence” experienced by these prisoners refers to the experience of a lack of certainty about one’s future that discourages goals or future planning and forces one to live only in the present (Frankl, 1959, p. 70). He describes that these prisoners suffered from a deformed sense of time that research had also shown to be experienced by unemployed miners in his time. Because they were unable to make any future

plans or know if they would even live for a few more days, they developed a sense of hopelessness and despair that created an alteration in how time was perceived. "In camp, a small time unit, a day, for example, filled with hourly tortures and fatigue, appeared endless. A larger time unit, perhaps a week, seemed to pass very quickly... In camp a day lasted longer than a week" (Frankl, 1959, p. 70-71). People in other situations who experience a similar lack of hope for their future can relate to this distorted sense of time's passing.

This distorted time-experience described by Frankl also includes alterations in perception of the past, present, and future. The prisoners in Auschwitz, he says, lived in a state of constant reflection on the past, especially on pleasant memories that often helped to make the horrors of the present situation easier to deal with. Although this reflective state eased some daily mental distress for the prisoners, it also created a very dangerous feeling of meaninglessness.

Considering the past as the most important part of one's life reduces the reality of the present and allows one to detach from life in the present. Living without drive, or a feeling of consequences for actions in this way, does not allow a person to find meaning in his or her experiences. This lack of meaning takes away the ability to project into the future, thereby influencing a person to feel that there is no meaning to life (Frankl, 1959). Frankl describes the large amount of prisoners that experienced a disruption of time in this way, and he notes that they were not only mentally, but also physically doomed because of it. He mentions a specific prisoner that he spoke with who had described a dream in which he was given the date that he would be released from Auschwitz. He was driven for quite some time with the hope that this date would be real and his time in the camp had an ending. Once the date had come and he still was not released, the man died of typhus. Although many would perceive this physical disease as the cause of his death, Frankl describes the cause of his death as a loss of hope. His hope had been so strong that

he was able to fight the disease and live through daily struggles in the camp while still believing that the end to his suffering was near. When this hope was diminished and he did not see his rescue from the camp, his faith in the future was lost and he no longer had a will to live (Frankl, 1959, p. 74-75). Experiencing a loss of hope is shown here to be mentally harmful enough to physically kill someone, implying that a distortion in the perception of time can create severe mental and physical illness.

Frankl experienced these changes in time perception just as the other prisoners did, but he describes in *Man's Search for Meaning* that he was able to avoid losing hope when he created a sense of purpose for himself that was specific to his experience in the camp. He stopped himself from falling into despair by creating a future goal that he could actually live for in Auschwitz itself; this goal was to teach others about the psychology of living in a concentration camp. Once Frankl created the mental image of himself in the future, standing in front of an audience lecturing about his experiences in the camp, he was able to live in his present struggles with meaning. He had restored his own life's meaning and faith in the future and sought to help other prisoners to do the same. Frankl spent time helping other prisoners distinguish what the meaning in their lives at Auschwitz was, and he saw that those who realized this meaning were able to feel new hope and increased feelings of resilience (Frankl, 1959). Acknowledging that suffering has a unique meaning, and presents opportunities for growth and achievement in one's life, was a form of coping for the prisoners that resolved their tendencies toward despair associated with their distortions of time perception.

Perception of time is described by Minkowski to occur in specific zones in the experience of most individuals. It can be altered in extreme states or in states of mental disorders. These zones include three kinds of past, the present, and three kinds of future. The remote past is the

zone of events in time that one feels are obsolete, while the mediate past is the zone one regrets, and it is the immediate past that one feels remorseful about. The immediate future is one's zone of expectation and activity, while the mediate future is the zone of hope, and the remote future is the zone of prayer and ethical action (Ellenberger, 1958, p. 106). Just as Frankl suggests, Minkowski believes that all three of these zones of time must be specifically experienced in order to feel mentally healthy and to have enough faith in the future to want to live. Similar to Auschwitz prisoners, people who experience prolonged involuntary unemployment are unable to perceive their zone of immediate future and, therefore, are unable to create expectations and goals. This creates a gap in the zones of time and distorts the ability to constructively plan and experience life in the way most people normally do (Ellenberger, 1958). In this way, the study of categorical phenomenology relates one's feeling of experienced time to his or her feeling of meaning in life. A distortion in one correlates with a distortion in the other; both forms of disruptions can be found at different degrees in a variety of mental disorders. When the meaning of one's future is experienced as empty or destroyed, hope is lost and a person begins to live in a different way based on the way time's passing occurs to him or her.

Existential psychologist Rollo May agreed with Minkowski and Frankl's ideas about time's importance in assessing and maintaining mental health. He poses that "the most profound human experiences, such as anxiety, depression, and joy, occur more in the dimension of time than in space" (May, 1983, p. 133). He ventures to say that time is the center of one's psychological frame of reference and it has considerable existential meaning for a patient. Therefore, its importance in clinical analysis should not be ignored. The time perception of the future, as he posits in his book, *The Discovery of Being: Writings in Existential Psychology*, is perhaps the most important aspect of mental health. He suggests that humans can only

understand themselves based on how they project themselves into the future. He relates this to philosopher Søren Kierkegaard's ideas about the self; human life consists of a constant striving toward the most full version of oneself. Humans must be able to project into the future because of this basic existential need to explore and mold oneself, and to progress in time toward the ultimate goal of self-actualization. The past and present, according to May, are perceived and understood in reference to the future.

In addition to mental health, the difference in time perception can indicate personality type in a way Minkowski believes is more important than the distinction between extraversion and introversion (Ellenberger, 1958, p. 107). People generally tend toward two poles of time perception: the prospective and the retrospective. Prospective individuals are more likely to look to the future for inspiration and concentrate most of their efforts on working toward a future event. Retrospective individuals, alternatively, gravitate toward dwelling on the past and spending a majority of their time considering things they have already experienced. (Ellenberger, 1958). These tendencies of living with either prospective thinking or retrospective thinking distinguish individuals' personalities from one another. Mentally healthy individuals can experience both prospective thinking and retrospective thinking; however, when these tendencies lean toward the extremes, it is important to investigate whether the individual experiencing them might be experiencing a clinical mental disorder.

A final part of the assessment of temporality comes in the description of one's perception of how time flows in relation to the rest of the world. Most people are able to realize that personal time can be "inserted into the social, historical, and cosmic time" (Ellenberger, 1958, p. 108). This means that people with normal perception of time realize that others feel time's passing as well, and they can usually identify with the way most other people in the world

perceive time. However, individuals with schizophrenia experience a detachment from the time of the rest of the world. Their psychotic episodes and delusions stem from a feeling that they live in their own personal time not aligned with anyone else in the world. This emphasizes the feelings of immortality and illusions that are associated with schizophrenia. Alternatively, people affected by depression are aware of both their own perception of time and the world's perception of time, but they feel a difference in the two (Ellenberger, 1958). Depressive individuals feel a prolonging in their experience of time and hopelessness that is relatable to what prisoners experience in a concentration camp. This awareness of the difference can even cause additional hopelessness because it indicates that people are aware that they are not "normal." They are therefore unable to insert their personal time perception experiences into the rest of the world's time, a specific indicator of a distortion in mental health by means of temporal analysis.

The Perception of Spatiality, Causality, and Materiality in Categorical Analysis

After temporality, the next step in categorical phenomenology lies in the assessment of spatiality. The most commonly considered concept of space is one form of the broader construct of spatiality, a term described differently by several areas of study. Whether spatiality is most often described in reference to physical or philosophical space can be debated, but psychiatric phenomenology looks at spatiality with a perspective a little different than most disciplines. In the broadest approach to assessing a patient's experience with spatiality, the categorical phenomenologist looks for the most obvious attitude toward space that exists in an individual. For example, people struggling with claustrophobia or agoraphobia most glaringly exhibit harmful distortions in their perception of space (Ellenberger, 1958). Claustrophobic individuals experience a fear of not having an adequate amount of space, and they experience anxiety when

exposed to small amounts of space. Agoraphobic individuals fear certain spaces that create anxiety reactions in response to the possibility of helplessness, danger, or embarrassment. Aside from clinical perspectives, there are many other ways that people's perceptions of space affect the way they interact with the world. Varying attitudes toward space can create different life goals – some strive to conquer or explore unknown space, some want to maintain or defend their own space, and some want to organize, utilize, or measure space (Ellenberger, 1958).

Attachment to certain spaces also manifests itself in people's lives, such as when they feel drawn to a certain area or place, or feel driven to be a wanderer without a specific space to root oneself in. The way people handle space and the approach to it they generally take in life differs by personality type, but it can also indicate issues in mental health and should be carefully considered in clinical analysis.

Ellenberger deciphers between the different forms of space and the ways they specifically affect mental health. The categories of space include oriented space and attuned space; oriented space revolves around one's body and its reference to the rest of the world, while attuned space is one's perception of space in response to his or her mood (1958). Disruptions in the perception of both forms of space are related to different mental disorders. For example, schizophrenic patients will describe their experience with space during an episode much differently than most people would in their everyday lives. Schizophrenia creates hallucinations and delusions based on a disruption in the way the patient experiences space; the schizophrenia-affected brain might experience dimensions of space that do not exist to other people or simply perceive space differently than a normal brain does (Ellenberger, 1958). It is impossible to understand someone's experience with the world without assessing the way they perceive spatiality.

The third step after spatiality, in analysis by way of categorical phenomenology, is the evaluation of causality. Most individuals see the causality of life existing in fairly equal division between the concepts of determinism, chance, and intentionality (Ellenberger, 1958, p. 114). This means that life's events are usually seen as determined by a mixture of fate, luck, and human intent. Disruptions in this balance present themselves in the experiences of different mental disorder symptoms, such as depression, mania, and paranoia. Depressive individuals have a tendency to feel that life is mostly or completely determined by inevitable fate, an idea that deprives them of purpose and contributes to hopelessness and despair. Manic patients will indicate a causal experience determined heavily by chance that influences them to throw caution to the wind and participate in risky activities. Finally, paranoid individuals focus most specifically on intentionality when considering the causes of the events in their lives (Ellenberger, 1958). They believe the worst of other people's intentions, and they focus their time on avoiding consequences of the assumed negative intentions of other people.

The final step of assessment in the categorical analysis theory of psychiatric phenomenology is materiality. Materiality can also be thought of as the substance of the world itself and how the individual perceives these physical qualities. Specifically, these qualities vary greatly and are of different importance among disorders. The weight of one's experience differs, for example. A depressive individual might indicate feelings of heaviness that correlate with sluggish movement or a feeling of needing to stay in bed. This individual might also comment on the color or light of his or her experience with the world. Many individuals report that they see the world in grey or black, and in darkness during depressive episodes, and others report seeing the world in red or in brightness during manic episodes (Ellenberger, 1958). These

differences in materiality indicate the ways the patient is interacting with the world and give a relatable description of what his or her experience feels like during specific episodes.

Combining the steps of categorical analysis – temporality, spatiality, causality, and materiality – allows us to reconstruct the inner world of the patient during phenomenological analysis, the ultimate goal of psychiatric phenomenology (Ellenberger, 1958). Every individual has his or her own subjective experience with these four coordinates of experience, and they all can be distorted or disrupted by disorders of mental health. Descriptions of these experiences overlap in different ways even among individuals with similar problems in their mental health. It is important to consider this realm of thought's emphasis on individual experience of the world, and its effects on mental health, in contrast to psychoanalysis' emphasis on historical and causal events that manifest in specific ways to create distortion of thought. Perhaps the most efficient and effective way to approach therapy, Ellenberger says, is to combine both phenomenological and psychoanalytical therapeutic approaches (1958). A multi-dimensional analysis would give a more complete picture of a person's mental health and allow for development of the most effective solution or treatment.

Further Developments and Applications of Psychiatric Phenomenology

The theory of existentialist psychotherapy is an early component of modern humanistic therapies and existential psychology, and it was influenced by the previously discussed ideas of phenomenological analysis (Ellenberger, 1958). The main goal of existentialist psychotherapy is different from most therapies, in that it does not simply aim to alleviate problems stemming from repressed trauma or life stress, but instead, it pinpoints "the individual's inability to see meaning in life, so that he lives an inauthentic existential modality" (Ellenberger, 1958, p. 119). This stems from the phenomenological ideas of needing to find meaning in life and to feel an

authentic existence in order to avoid most mental health issues. Finding the source of this lack of meaning in one's life and helping the patient to find where this meaning should lie is existentialist psychotherapy's main focus in creating a solution for mental health disorders.

Ellenberger's colleague, Ludwig Binswanger, developed the techniques of existentialist psychotherapy further in his work in 1958. Binswanger, a pioneer thinker in the field of existential psychology, presents the existential analysis school of thought, another early component of humanistic therapy techniques. Existential analysis uses the techniques of psychiatric phenomenology to obtain a view of how one perceives the world and uses this information to assess how one feels that he or she "fits" into the world (Binswanger, 1958). This uncovering of one's feeling of being in the world, and how they may cause conflict within oneself, allows for the diagnosis of mental health disorders. Along with diagnosing these difficulties, existential analysis allows for the development of treatment aiming to help one resolve these issues by developing a more full sense of self and how one fits into the world.

The most modern clinically practiced transformation of these ideas of psychiatric phenomenology exists in the discipline of existential psychology and humanistic therapy techniques. Specific therapies in this discipline include emotion-focused therapy, existential-integrative psychotherapy, and narrative therapy (Wolfe, 2016). These therapies revolve around allowing patients to overcome their struggles with mental health by looking within themselves and discovering the way that they experience the world in order to identify their problems. Working through these issues in this way is a positivity-focused process that develops a stronger sense of self in the patients, which allows them to overcome mental health difficulties. Rollo May (1983) made a great contribution to existential psychology and suggested several therapeutic techniques in this realm of thought. The aim of his therapies was to help the patient

become fully aware of the experience of his or her existence and the full potential of his or her existence. For example, a patient with neurotic tendencies or depression feels that his or her existence has been darkened or blurred. Therapy, by the existential psychology method, creates ways to “illuminate” this existence (May, 1983, p. 162). May’s therapeutic techniques are comparable to asking people “where” they are in contrast with asking “how” they are. This means that, during his existential psychotherapy, he aims to find out where patients are in the world – how they experience their own existence. Modern day therapies in this realm of thought lean heavily on May’s ideas of aiming to bring patients to recognize their fullest potential of existence in order to realize the issues they are struggling with (Wolfe, 2016). In these therapies, it is most important to use empathy in conversation with the patients in order to develop their sense of life’s meaning, which influences them to work toward overcoming their struggles with mental health.

Conclusion

In closing, it is important to review the importance of the perception of time and its implications in psychiatric phenomenology. The way that someone views time and reflects on the past, present, and future plays a key role in mental health functioning. Time perception is the main determining factor in categorical phenomenology, the primary focus of psychiatric phenomenology, in diagnosing a mental illness. Along with time perception, or temporality, the psychiatric phenomenologist using categorical analysis also assesses a patient’s spatiality, causality, and materiality to get a holistic view of his or her experience in the world. This area of thought stems from contributions from phenomenology, psychoanalysis, and philosophy, and it has influenced the modern study and practice of existential psychology. Modern existential psychologists practice humanistic therapies that borrow ideas and themes from those developed

through the study of psychiatric phenomenology. Above all, therapies and goals of research in this realm aim to explore the way people experience the world as well as the distinct effects that different experiences have on one's mental health.

References

- Binswanger, L. (1958). The Existential Analysis School of Thought. In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence: A new dimension in psychiatric and psychology* (pp. 191-213). New York, NY: Basic Books.
- Ellenberger, H. F. (1958). A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis. In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence: A new dimension in psychiatric and psychology* (pp. 92-124). New York, NY: Basic Books.
- Frankl, V. E. (1959). *Man's search for meaning*. Boston, MA: Beacon Press.
- Markosian, N., Sullivan, M., & Emery, N. (2016). Time. *The Stanford Encyclopedia of Philosophy*, 9.
- May, R. (1983). *The discovery of being: Writings in existential psychology*. New York, NY: Basic Books.
- Wolfe, B. E. (2016). Existential-humanistic therapy and psychotherapy integration: A commentary. *Journal of Psychotherapy Integration*, 26(1), 56-60.